2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000495

1. Entity Name

THE COHEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062

MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-6142876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASKEW, JEFFREY ESQ
27 PENNOCK LANE, SUITE 101
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,906,360.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HANKIN, RHODA 1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP	 U00000082872 03/10/04--80015--005 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HANKIN, WILLIAM 1167 HILLSBORO MILE APT 410 HILLSBORO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William Hankin WILLIAM HANKIN GENERAL PARTNER 2/25/04 (954) 421-3659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #